

**COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
PERIOD JULY 1, 1998 - JUNE 30, 1999**

**1. DEPARTMENT/COURT INFORMATION:**

Department/Court: HUMAN RESOURCES

Division/Unit: Recruitment & Assessment

**2. VOLUNTEER PROGRAM BENEFITS:**

- a. GENERAL VOLUNTEER (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	1	Hours	80	x	\$14.30	=	\$ 1144.00
----------	---	-------	----	---	---------	---	------------

Types of work performed by GENERAL VOLUNTEERS in this category: Assemble job fair binders, created job class X EEO category file, assisted with various projects.

- b. INSTITUTIONAL VOLUNTEER (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.		Hours		x	\$ 14.30	=	
----------	--	-------	--	---	----------	---	--

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

N/A

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity. These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

<u>Position</u>	<u>Hours</u>	x	<u>VCL</u>	=	<u>Dollar Benefit</u>
		x		=	\$ <u>          </u>

No. Vol		Total Hours		Total Value	\$ <u>          </u>
---------	--	-------------	--	-------------	----------------------

Types of work performed by SPECIALIZED VOLUNTEERS in this category:           

N/A

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a: <u>1</u>	<u>80</u>	\$ <u>1144.00</u>
2b: _____	_____	\$ _____
2c: _____	_____	\$ _____

TOTALS: <u>1</u>	<u>80</u>	\$ <u>1144.00</u>
------------------	-----------	-------------------

3. DONATIONS TO VOLUNTEER PROGRAM: N/A

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

<u>Item Donated</u>	<u>Value</u>	<u>Item Donated</u>	<u>Value</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

TOTAL VALUE \$ \_\_\_\_\_

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours 8 x Rate \$ 26.17 = \$ 209.36

- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours \_\_\_\_\_ x Rate \$ \_\_\_\_\_ = \$ 0

- c. Other program costs (volunteer training materials/supplies, recognition costs, etc.): N/A

Item	Cost

TOTAL OF OTHER PROGRAM COSTS

=

\$ 0

- d. TOTAL OF VOLUNTEER PROGRAM COST =  
(add 4a, 4b, and 4c)

\$ 209.36

**5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$ 1144.00

b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$ 0

ADD a + b \$ 1144.00

c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) (\$ 209.36)

TOTAL PROGRAM BENEFIT \$ 934.64

6. **RECRUITING:**

Please describe your recruiting programs:

none in place at this time

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

N/A

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 1999-00:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

9. **GENERAL INFORMATION:**

Name of Person Completing Report: Kim Garcia

Phone Number: (S30) 531-5195 Mail Stop A8 E-Mail KGARCIHR

Volunteer Coordinator: same as above

Phone Number: \_\_\_\_\_ Mail Stop \_\_\_\_\_ E-Mail \_\_\_\_\_

10. **DEPARTMENT CERTIFICATION:**

Lynn O'lowke Bui  
for DEPARTMENT HEAD SIGNATURE  
C. J. Arauz

7/27/99  
DATE